

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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7590

07/21/2004

RATNER & PRESTIA

Suite 301

One Westlakes (Berwyn)

P.O. Box 980

Valley Forge, PA 19482-0980

10/26/2004 WABDEL3 00000114 09764554

01 FC:1501 1370.00 OP
 02 FC:1504 300.00 OP
 03 FC:0001 30.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Ellen E. Fielitz (Depositor's name)
 Ellen E. Fielitz (Signature)
 October 21, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,554	01/18/2001	Juan Carlos Parodi	BSI-320US1	1961

TITLE OF INVENTION: STENT GRAFT DEVICE FOR TREATING ABDOMINAL AORTIC ANEURYSMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, CHERYL L	3738	623-001130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RatnerPrestia

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Corporation

Natick, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☐ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0350 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) _____ (Date)

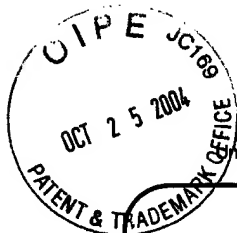
Ellen E. Fielitz, Reg. No. 34,746

October 21, 2004

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PTO/SB/21 (09-04) (AW 10/2004)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4

Application Number	09/764,554
Filing Date	January 18, 2001
First Named Inventor	Juan Carlos Parodi
Art Unit	3738
Examiner Name	Cheryl L. Miller
Attorney Docket No.	BSI-320US1

ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form
☒ Fee Attached
- ☐ Amendment/Reply
☐ After Final
☐ Affidavits/Declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/
Incomplete Application
☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
Provisional Application
- ☐ Power of Attorney, Revocation,
Change of Correspondence
Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
☐ Landscape Table on CD

- ☐ After Allowance Communication
to TC
- ☐ Appeal Communication to Board
of Appeals and Interferences
- ☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please
identify below):
Issue Fee Transmittal
Return Receipt Postcard

Remarks: please note that title was corrected to
read:

ENDOLUMINAL DEVICE AND METHOD FOR TREATING BRANCHED
LUMEN HAVING A RESTRICTED SECTION (AS AMENDED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Ellen E. Fielitz		
Date	October 21, 2004	Registration No.	54,746

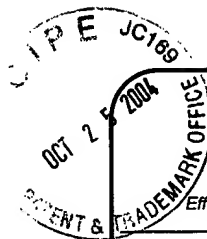
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Signature			
Typed or Printed Name	Nicole M. Chatmon	Date	October 21, 2004

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PTO/SB/17 (10-04v2) (AW 10/2004)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/764,554	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 18, 2001	
		First Named Inventor	Juan Carlos Parodi	
		Examiner Name	Cheryl L. Miller	
TOTAL AMOUNT OF PAYMENT (\$)		1700	Art Unit	3738
		Attorney Docket No.	BSI-320US1	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																											
<input checked="" type="checkbox"/> Deposit Account (use as backup only):																																													
Deposit Account Number: 18-0350																																													
Deposit Account Name: RatnerPrestia																																													
The Director is authorized to: (check all that apply)																																													
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<input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																													
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FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 0)</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	790	2001	395	Utility filing fee		1002	350	2002	175	Design filing fee		1003	550	2003	275	Plant filing fee		1004	790	2004	395	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$ 0)		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
Total Claims: -20** = 0 X Fee from below = 0																																													
Independent Claims: -3** = 0 X Fee from below = 0																																													
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		330																																											
		SUBTOTAL (3) (\$ 1700)																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ellen E. Fielitz	Registration No. Attorney/Agent	54,746
Signature	<i>Ellen E. Fielitz</i>	Telephone	(610) 407-0700
		Date	October 21, 2004

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